

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

|                        |             |
|------------------------|-------------|
| Application Number     | 10/691,347  |
| Filing Date            | 10/21/2003  |
| First Named Inventor:  | Tiemin Zhao |
| Art Unit               | 2622        |
| Examiner Name          | Nhan T Tran |
| Attorney Docket Number | 4320.P017D  |

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 62294

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

62294

**OR**

☐ Firm or  
Individual  
Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

See Exhibit A

☒ Assignee of record of the entire interest. See 37 C.F.R. 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Y. Vicky Chou

Date

5/24/07

Telephone

(408) 542-3000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below\*.

☒ \*Total of ONE forms are submitted

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.